

"DURABLE POWER OF ATTORNEY FOR HEALTH CARE"

I, JOSEPH B. LATHAM, hereby appoint Barbara G. Latham of Hernando, Mississppi as my attorney in fact to make health care decisions for me in the event I become unable to give informed consent with respect to a given health care decision.

Subject to my special instructions below, this document gives my attorney in fact the full power to make health care decisions for me, before or after my death, to the same extent I could make decisions for myself and to the full extent permitted by law, including power to grant, refuse or withdraw consent on my behalf for any health care service, to make a disposition under the state's anatomical gift act, to authorize an autopsy, and to direct the disposition of remains. My attorney in fact also has the authority to talk to health care personnel, get information and sign forms necessary to carry out these decisions, and also the power provided in § 41-41-101 through § 41-41-121, Mississippi Code of 1972, as now enacted or hereafter amended, being the statutes governing the withdrawal of life-saving mechanisms.

Special Instructions:

In addition to, and not in limitation of, the above rights and powers, this document also gives my attorney in fact the full power to authorize and/or refuse, on my behalf, the continuance, withholding, or discontinuance of any care, diagnosis, treatment, service, or procedure related to my physical or mental

health, including, but not limited to, any such treatment or procedure necessary to keep me alive.

If Barbara G. Latham is not available or is unable to act as my attorney in fact, I appoint Gary H. Latham to serve in her place.

THIS POWER OF ATTORNEY SHALL NOT BE AFFECTED BY SUBSEQUENT DISABILITY OR INCAPACITY OF THE PRINCIPAL. It is my intent that the authority conferred herein shall be exercisable notwithstanding my subsequent disability or incapacity.

By my signature I do hereby indicate that I understand the purpose and effect of this document.

STATE MS.-DE SOTO CO. *FILED*

AUG 6 1 12 PM '97

Joseph B. Latham
JOSEPH B. LATHAM

DATE: *8/6/97*

BK. 75 PG. 77
W.E. DAVIS CH. CLK.

STATE OF MISSISSIPPI
COUNTY OF DESOTO

On this 6th day of August in the year 1997, before me, the undersigned notary public in and for the aforesaid state and county, appeared JOSEPH B. LATHAM personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he executed it. I declare under the penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud or undue influence.

Marti J. Latham
Notary Public

My Commission Expires:
~~MY COMMISSION EXPIRES~~
AUGUST 11, 1998

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Prepared by:
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